

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$2,468.10 for date of service, 05/30/01.
- b. The request was received on 05/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 07/09/02. The respondent did not respond to the additional documentation. No Carrier sign sheet was found in the file. The "No Carrier Information Found" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Taken from the Requestors Table of Disputed Services

For CPT Code 63047:

"Per MFG, pg.65 E2a All arthrodesis procedures incld only minimal discectomy – Op report states 'All disc material was removed L5-S1' – hemilami @ L4"

For CPT Code 63048:

"This code is defined by CPT as per vertebral segment (not level) – OP report states L4, L5, S1 lami, Decompression w/disc excision @ L5-S1"

For CPT Code 22630-51:

"Per MFG,pg 65 E2b when vertebral procedures (eg lami) followed by arthrodesis, the arthrodesis is billed w/-51 modifier and MPR applies"

2. Respondent: No response found from the Carrier.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/30/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$9,900.00 for the disputed services rendered on the date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$3,135.00 for the disputed services rendered on the date above.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$2,468.10 for the disputed services rendered on the date of service in dispute above.
6. The Carrier's EOBs state, "G –INCLUDED IN GLOBAL CHARGE; 551 398 – FEE GUIDELINES ALLOW 100% MAJOR PROC, 50% SECONDARY PROCEDURES.; 519 LEVEL OF SERVICE NOT DOCUMENTED DOCUMENTATION DOES NOT SUPPORT A 3RD LEVEL WAS PERFORMED."
7. Per the Requestor's Table of Disputed Services, the Provider has a contractual agreement (5% reduction of MAR) with a PPO group.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/30/01	63047	\$4666.00	\$0.00	G	\$3540.00	1994 Global Service Data for Orthopaedic Surgery (GSDFOS); MFG; Surgery Ground Rule (I) (D); CPT Descriptors	In accordance with the Multiple Procedure Reimbursement Rule, 100% of the MAR for the primary procedure, "(major procedure reflecting the greatest value is reimbursed)." Code 63047 is the procedure of greatest value and is not global to any other services billed by the provider. Therefore, reimbursement is recommended in the amount of \$3,540.00 .
05/30/01	63048	\$1434.00	\$0.00	519	\$708.00	1994 Global Service Data for Orthopaedic Surgery (GSDFOS); MFG; Surgery Ground Rule; CPT Descriptors	The provider has submitted medical documentation that supports services billed. Additional reimbursement of \$708.00 is recommended.
05/30/01	22630-51	\$3800.00	\$3135.00	551 398	\$3300.00	MFG; SGR (I) (D) (1) (b); CPT Descriptor	The secondary or subsequent procedure was performed through the same incision and related to the primary procedure, so 50% of the MAR is reimbursed in accordance to the Medical Fee Guideline. The carrier paid \$3135.00 on this code. The carrier should have only reimbursed 50% of the MAR, which would be \$1,650.00 . The carrier has an overpayment in the amount of \$1,485.00 , which will be credited toward the total amount owed to the Requestor.
Totals		\$9900.00	\$3135.00				The Requestor is entitled to the additional reimbursement requested in the amount of \$2,468.10 .

MDR: M4-02-3775-01

The above Findings and Decision are hereby issued this 24th day of February 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2468.10 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 24th day of February 2003.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt